

| POSITION                         | INITIALS   | ID NO. | DATE      |
|----------------------------------|------------|--------|-----------|
| <b>FEES DETERMINATION</b>        | <i>hug</i> |        | 10/11/00  |
| <b>O.I.P.E. CLASSIFIER</b>       |            |        | 5/10/2000 |
| <b>FORMALITY REVIEW</b>          |            |        |           |
| <b>RESPONSE FORMALITY REVIEW</b> | 24         | JCS83  | 12/10/00  |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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